

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

1AR000007310

NULEX INC
LYNN RICHARDSON
2717 PORT NEAL CIRCLE
SERGEANT BLUFF, IA 51054



FORM
IC

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1999 Hazardous Waste Report

RECD
IDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box <input type="checkbox"/> in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.		
A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →	B. County Same as label <input type="checkbox"/> or → Woodbury	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →	D. Has the site name associated with this EPA ID changed since 1997? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →		
F. City, town, village Same as label <input checked="" type="checkbox"/> or →	G. State Same as label <input checked="" type="checkbox"/> or →	H. Zip Code Same as label <input checked="" type="checkbox"/> or →

Sec. II Mailing address of site. Instructions page 7.		
A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address P.O. Box 723		
C. City, town, village Sergeant Bluff	D. State IA	E. Zip Code 51054

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.		
A. Last Name Richardson	First name Thomas	M.I. (Lynn)
B. Title Health Safety & Environmental Manager		C. Telephone Number 712 239-1885 Extension

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.		
A. Last Name Richardson	First name Thomas	M.I. Lynn
B. Title Health Safety & Environmental Manager		C. Signature Lynn Richardson
D. Date of signature 03 01 00 Month Day Year		

RCRIS data entered
by Steph Ponce
on 3/6/00

RCRIS data entered
BY SBritt, TR-COR
ON 3/8/00

EPA ID NO. IAR 0000007310

Sec. V Generator status. Instructions begin on page 8.

A. 1999 RCRA generator status

(CHECK ONE BOX BELOW)

- ☐ 1 LQG
☐ 2 SQG
☒ 3 CESQG
☐ 4 Non-generator (CONTINUE TO BOX B)
- } SKIP TO SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.

A. Storage subject to RCRA permitting requirements

☒

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

☒

Comments:



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**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

**FORM
GM**

IAR000007310

NULEX INC
LYNN RICHARDSON
2717 PORT NEAL CIRCLE
SERGEANT BLUFF, IA 51054

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) PARTS WASHER WASTE					
B. EPA hazardous waste code (page 12) D001 D039 D040 NA			C. State hazardous waste code (page 13) 		
D. SIC code (page 13) 2873		E. Origin code (page 13) System Type 1 [M]	F. Source code (page 14) [A] 19	G. Point of measurement (p. 14) 1	H. Form code (page 14) [B] 211
I. RCRA-radioactive mixed (page 14) 2					
Sec. II A. Quantity generated in 1999 (page 15) 283.3					
B. UOM (page 15) Density 		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) [M]			Quantity treated, disposed, or recycled on site in 1999 (page 16) 		
			On-site process system type (page 16) [M]		
			Quantity treated, disposed, or recycled on site in 1999 (page 16) 		
Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) ME0981495724	C. System type shipped to (p. 17) [M] 023	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 (page 17) 283.3	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) [M]	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1999 (page 17) 	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) [M]	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1999 (page 17) 	
Comments: Sec I F - Cleaning PARTS.					

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NULEX INC
LYNN RICHARDSON
2717 PORT NEAL CIRCLE
SERGEANT BLUFF, IA 51054



**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>NE0918149157124</u>	B. Name of off-site installation or transporter <u>Safety Klean Systems Inc</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		
D. Address of off-site installation			
Street <u>13915 A PLAZA</u>			
City <u>OMAHA</u>		State <u>NE</u>	
Zip <u>681144</u> - <u> </u>			

Site 2	A. EPA ID No. of off-site installation or transporter <u>ILD1918491018121012</u>	B. Name of off-site installation or transporter <u>Safety Klean</u>	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
D. Address of off-site installation			
Street <u>ONE BRINCKMAN WAY</u>			
City <u>ELGIN</u>		State <u>IL</u>	
Zip <u>60123</u> - <u>7857</u>			

Site 3	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
D. Address of off-site installation			
Street <u> </u>			
City <u> </u>		State <u> </u>	
Zip <u> </u> - <u> </u>			

Site 4	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
D. Address of off-site installation			
Street <u> </u>			
City <u> </u>		State <u> </u>	
Zip <u> </u> - <u> </u>			

Site 5	A. EPA ID No. of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		
D. Address of off-site installation			
Street <u> </u>			
City <u> </u>		State <u> </u>	
Zip <u> </u> - <u> </u>			

Comments:

INSTRUCTIONS FOR FILLING OUT FORM OI – OFF-SITE IDENTIFICATION

WHO MUST SUBMIT THIS FORM

Sites required to file the 1999 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State; **AND**
- The site received hazardous waste from off site or sent hazardous waste off site during 1999.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO FILL OUT THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 1999. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1999. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1999, enter "NA" in Box A and note the reason in the Comments section. For wastes shipped to or received from foreign countries, if the facility does not have an EPA Identification Number, enter "FC" followed by the name of the country for the EPA Identification Number.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

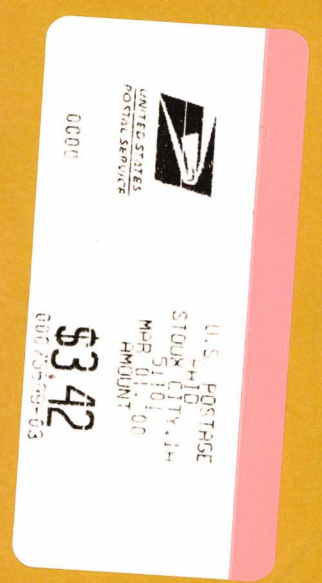
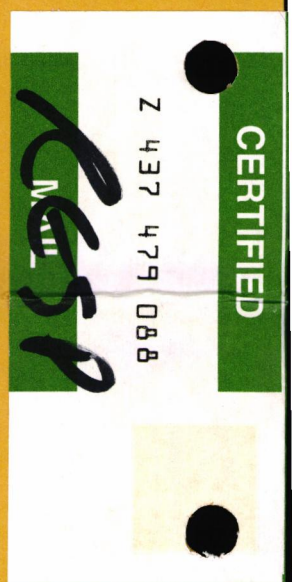
Box C: Handler type

Check all boxes that apply to the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

Mulex, Inc
P.O. Box 723
Sergeant Bluff, IA 51054



RETURN RECEIPT
REQUESTED

USEPA Region III
ARTD/RESP (Biennial
Report)

901 North 5th Street
Kansas City, Kansas 66101

REC'D
MAR 06 2000
RESP